2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 826016

Entity Name: GEM LAND COMPANY

Current Principal Place of Business:

20600 CHAGRIN BLVD
430
SHAKER HEIGHTS, OH 44122

New Principal Place of Business:

Current Mailing Address:

20600 CHAGRIN BLVD
430
SHAKER HEIGHTS, OH 44122

New Mailing Address:

FEI Number: 34-1084273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	WATSON, RICHARD T,	
Address:	2000 HUNTINGTON BLDG	
City-St-Zip:	CLEVELAND, OH 44115	
Title:	D	( ) Delete
Name:	BROWN, JR, WILLARD W	
Address:	ROCKMEADOW FARM HERRICKS RD.	
City-St-Zip:	BROOKSVILLE, ME 04617	
Title:	D	( ) Delete
Name:	DAVISON, ENDICOTT P JR	
Address:	218 PLEASANT COVE ROAD	
City-St-Zip:	BOOTHBAY, ME 04537	
Title:	PD	( ) Delete
Name:	COHLIN, STEPHEN E	
Address:	4894 SWEETWATER RD	
City-St-Zip:	GYPSUM, CO 81637	
Title:	D	( ) Delete
Name:	FOLSOM, KATHLEEN V.	
Address:	14065 PINETREE BLVD	
City-St-Zip:	THOMASVILLE, GA 31792	
Title:	S	( ) Delete
Name:	INGALLS, NINA S	
Address:	140 BEDFORD STREET NE	
City-St-Zip:	MINNEAPOLIS, MN 55414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. LOMBARDO AT 01/09/2009

Electronic Signature of Signing Officer or Director — Date